

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	10					
6	10					
7	11					
8	11					
9	11					
10	11					
11	11					
12	11					
13	11					
14	11					
15	11					
16	11					
17	11					
18	11					
19	11					
20	11					
21	11					
22	11					
23	11					
24	11					
25	11					
26	1					
27	1					
28						
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41						
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48						
49						
50						
TOTAL IND.	2		↓	↓	↓	↓
TOTAL DEP.	5	←	←	←	←	←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						